

ATTACHMENT 6

PERSONNEL EXPERIENCE REFERENCES QUESTIONNAIRE

RETURN RESPONSES TO:

**NNSA SERVICE CENTER
ATTN: LINDA WORTHINGTON
OBS/SITE SUPPORT DIVISION
P.O. BOX 5400
ALBUQUERQUE, NM 87185
PHONE: 505-845-4693
FAX: 505-845-4210**

**ALL RESPONSES MUST BE RECEIVED PRIOR TO CLOSING DATE OF
SOLICITATION AND MAILED OR FAXED TO THE ADDRESS ABOVE**

SECTION A: CONTRACTOR INFORMATION (to be completed by the Contractor
requesting evaluation prior to mailing)

A. Contractor's name and address: _____

B. Name of Company: _____

C. Project Description noting similarities with project specifications: _____

D. Contract Number: _____

E. Period of Performance and Contract Amount: _____

F. Point of Contact and Telephone Number (with area code):

G. Contract Type: _____

H. Contractor being evaluated performed as the _____

I. Authorization is hereby granted to provide the information requested in Section B or of this questionnaire.

Signature

Name and Title of Authorizing Official

Date

EVALUATED BY:

Date

Address

Phone Number

(U) Unsatisfactory: (1) Personnel performance record is unsatisfactory, and these personnel would not be allowed to perform on another project in the near future.

2. SCHEDULE:	1	2	3	4	5
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This team performed their role in a manner which was conducive to the overall schedule of the project.

3. RESPONSIVE:

1 2 3 4 5

The team responded promptly and appropriately to issues and questions as they arose during the conduct of the work.

4. SAFETY:

1 2 3 4 5

The team made safety a priority, and promoted safe conduct of the work in his/her role.

5. SATISFACTION:

1 2 3 4 5

Customer would welcome the presence of this team on the job in the role which they have taken in the past.